

**Indian Education Advisory Council (IEAC)  
Membership Application  
Due August 11, 2017**

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Designated Proxy Name: \_\_\_\_\_

Designated Proxy Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, AZ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Check your current job responsibilities:**

- ☐ Tribal Leader – Tribal affiliation: \_\_\_\_\_
- ☐ Tribal Education Director
- ☐ Superintendent    ☐ Principal    ☐ Vice Principal
- ☐ Federal Programs Director – Specify programs: \_\_\_\_\_
- ☐ Culture/Language Teacher
- ☐ Higher Education
- ☐ Charter School Representative – Specify on or off-reservation: \_\_\_\_\_
- ☐ Parent (not certificated)

**Provide a brief statement explaining why you want to be a member of the Indian Education Advisory Council:**

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**Commitment:**

I agree to be present or to have my proxy present in my place at all IEAC meetings and acknowledge that lack of representation by my organization will not prohibit action being taken by IEAC members in attendance.

\_\_\_\_\_  
Applicant Signature                      Proxy Signature, if applicable